24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Heartland PAC	C C00548867
	O detailed.
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Harris Media LLC	Date of Public Distribution/Dissemination
	10 19 7 2014
Mailing Address 611 S. Congress Avenue	Amount
Suite 400 City State Zip Code	83000.00
Austin TX 78704	Transaction ID : SE.4205 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Category/ Type 004	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ee Sought: House District: 00
BRUCE L BRALEY Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary X General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Red Print Strategy	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 311 S. Fillmore St.	Amount
City State Zip Code	12500.00
Arlington VA 22204	Transaction ID : SE.4206 Date of Disbursement or Obligation
Purpose of Expenditure Creative Commission Category/ Type 004	10 16 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
JONI K ERNST Oppose	President X Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	95500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI END	HONES		PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
American Heartland PAC			С	C00548867
Check if 24-hour report 48-hour report	Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee Red Print Strategy			Date of Pub	olic Distribution/Dissemination
Mailing Address 311 S. Fillmore St.			10 Amount	19 2014
Cit.	Chaha	7:- 0-4-		40500.00
City Arlington	State VA	Zip Code 22204		12500.00 1 ID: SE.4207 bursement or Obligation
Purpose of Expenditure Creative Commission		Category/ Type 004	M M M 10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
BRUCE L BRALEY		X Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		137500.00	Disbursement For: 2014 Other (s	Primary X General Specify) ▶
Full Name of Payee Red Print Strategy			Date of Put	olic Distribution/Dissemination
Mailing Address 311 S. Fillmore St.			Amount	19 2014
City	State	Zip Code		11000.00
Arlington	VA	22204		ID: SE.4203 bursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004	10	17 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
JONI K ERNST		Oppose	President	Senate State:IA
Calendar Year-To-Date Per Election for Office Sought	.,,	254750.00	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures			23500.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
(a) delicing of officering mappendant Expe	nata o minimu			7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Michael G. Adams Signature	[Electron	nically Filed] Date	10 / 20	
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENT EXILID	ITOTILO		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
American Heartland PAC			С	C00548867
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Red Print Strategy			M	blic Distribution/Dissemination
Mailing Address 311 S. Fillmore St.			Amount	19 2014
City	State	Zip Code		11000.00
Arlington	VA	22204		on ID : SE.4204 sbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004	10 M	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
BRUCE L BRALEY		X Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	348750.00	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Strategic Media Placement Inc.			10	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7669 Stagers Loop			Amount	
City	State	Zip Code		106250.00
Delaware	ОН	43015		n ID : SE.4199 sbursement or Obligation
Purpose of Expenditure TV Media Buy		Category/ Type 004	10 ^M	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:	House District: 00
JONI K ERNST		Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	.,,	106250.00	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendent	litures		. •	117250.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
				7 7 7
(c) TOTAL Independent Expenditures			>	7 1 7 1 7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorized			
Michael G. Adams Signature	[Electron	ically Filed] Date	10 20	
<u> </u>				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
American Heartland PAC		C C00548867
Check if 24-hour report 48-hour report New report	Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee		Distribution/Discomination
Strategic Media Placement Inc.	L L	Date of Public Distribution/Dissemination 10 19 2014
Mailing Address 7669 Stagers Loop	/	Amount
City State Zip	Code	106250.00
		Transaction ID : SE.4200 Date of Disbursement or Obligation
Purpose of Expenditure TV Media Buy	Category/ Type 004	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
BRUCE L BRALEY		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2437	750.00 Disburs 2014	ement For: Primary
Full Name of Payee	1	Date of Public Distribution/Dissemination
Strategic Media Placement Inc.		10 19 2014
Mailing Address 7669 Stagers Loop		Amount
	o Code	6250.00
		ransaction ID : SE.4201 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Commission	Category/ Type 004	10 16 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
JONI K ERNST		President State: IA
Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	112500.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· [
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Michael G. Adams [Electronicall	ly Filed] Date 10	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

S	chedule E)		PAGE 5 OF 5 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Α	American Heartland PAC		C C00548867
Cr	heck if X 24-hour report 48-hour report X New report X	mends report file	d on Man / Dab / Yayayay
	Full Name of Payee Strategic Media Placement Inc.		Date of Public Distribution/Dissemination
	Mailing Address 7669 Stagers Loop		10 19 2014 Amount
	City State Zip Code Delaware OH 43015		6250.00 Transaction ID : SE.4202
	Purpose of Expenditure Media Buy Commission Category Type		Date of Disbursement or Obligation
	Name of Federal Candidate		20
	BRUCE L BRALEY	Support Office Oppose	ce Sought: House District: 20 President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought 6250.00	Disk 2014	oursement For: Primary General Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Mailing Address		Amount
	City State Zip Code		
	Purpose of Expenditure Category.		Date of Disbursement or Obligation
	Name of Federal Candidate	Support Offic	ce Sought: House District: President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	Disl	bursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		6250.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	·····	355000.00
	Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
	Michael G. Adams [Electronically Filed] Signature		10 20 / 2014